



**3560EZ**  
**EPA Region 1, Clean Water Act**  
**Compliance Monitoring Data Entry Form**

Version 2.03

\* Starred fields are required

**1. Identify Facility**

NPDES ID, ICIS ID, or OIL ID:*		MA0101231					
Name and location of facility inspected:*							
Facility name:		Hull WPCF					
Address:		1111 Nantasket Ave					
City:		Hull	State:		MA	ZIP:	02045
Facility Representative #1:							
Name:		Aram Varjabedian			Title:		Project Manager
Address (if off-site):		Enter text					
City:		Enter text	State:		Enter text	ZIP:	Enter text
Phone #:		Enter text			Email:		Enter text
Facility Representative #2:							
Name:		Bill Boornazian			Title:		Asst Project Manager
Address (if off-site):		Enter text					
City:		Enter text	State:		Enter text	ZIP:	Enter text
Phone #:		Enter text			Email:		Enter text

**2. Add Federal Compliance Monitoring Activity (i.e., on-site or off-site)**

Compliance Monitoring Activity:*	Inspection / Evaluation
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**3. Edit Compliance Monitoring Activity**

Compliance Monitoring Activity Name:*	CEI	
Clean Water Act Section:*	308[A][B] : Records and Reports; Inspections ; NPDES - Base Program (Limits, Reporting, Schedule)	
Compliance Monitoring Type:*	Evaluation	
Compliance Monitoring Dates:*	Actual Start Date:	Enter a date (If multi-day)
	Actual End Date:*	9/18/2019
Compliance Monitoring Reason:*	Core Program	
If Agency Priority, then specify priority(s):*		
OECA National Priority(s):		
NPDES SNC - Municipal POTW		<input type="checkbox"/>
NPDES SNC - Non-sewerage		<input type="checkbox"/>

NPDES SNC - Private sewerage facilities	<input type="checkbox"/>
WW - CSOs < 50K serv. pop'n	<input type="checkbox"/>
WW - CSOs >= 50K serv. pop'n	<input type="checkbox"/>
WW - MS4s - Phase I	<input type="checkbox"/>
WW - MS4s - Phase II	<input type="checkbox"/>
WW - SSOs >= 10 mg/d and < 100 mg/d	<input type="checkbox"/>
EPA Regional Priority(s):	
Accident Prevention	<input type="checkbox"/>
CWA Integrated Planning and Next Generation Compliance	<input type="checkbox"/>
CWA Transparency/Accountability (NPDES e-Reporting)	<input type="checkbox"/>
Environmental Justice	<input type="checkbox"/>
Green Economy/Green Infrastructure	<input type="checkbox"/>
Municipal Infrastructure	<input type="checkbox"/>
Wet Weather	<input type="checkbox"/>

Compliance Monitoring Details:		
	If State, Local or Tribal lead, did EPA Assist?	Choose an item or leave blank if N/A
	Was this a State, Federal or Joint (State/Federal) Compliance Monitoring Activity?*	Choose an item or leave blank if N/A
	If Joint, what was the purpose of the participation of the other party?	Choose an item or leave blank if N/A
	If Joint, which party had the lead?	Choose an item or leave blank if N/A

Inspection Conclusion Data Sheet: [This section is not required for Offsite Record Reviews.]		
Did you observe deficiencies (potential violations) during the inspection? If yes, then specify.*		<b>No</b>
	Potential excess emission in violation of regulations:	<input type="checkbox"/>
	Potential failure to...	<input type="checkbox"/>
	... complete or submit a notification, report, certification, or manifest:	<input type="checkbox"/>
	... follow a permit condition(s):	<input type="checkbox"/>
	... follow a required sample monitoring procedure or laboratory procedure:	<input type="checkbox"/>
	... follow or develop a required management practice or procedure:	<input type="checkbox"/>
	... identify and manage a regulated waste or pollutant in any media:	<input type="checkbox"/>
	... maintain a record or failure to disclose a document:	<input type="checkbox"/>
	... maintain/inspect/repair meters, sensors, and recording equipment:	<input type="checkbox"/>
	... obtain a permit, product approval, or certification:	<input type="checkbox"/>
	... report regulated events such as spills, accidents, etc.:	<input type="checkbox"/>
	Potential incorrect use of a material (pesticide, waste, product) or use of an unapproved material:	<input type="checkbox"/>
	Potential violation of a compliance schedule in an enforceable order:	<input type="checkbox"/>
If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection?*		Choose an item
If yes, did you observe the Facility take any actions during the inspection to address the deficiencies noted?		Choose an item
	If yes, what actions were taken?	Choose an item
If the Facility reduced pollution, what pollutant was reduced?		Enter text

Did you provide <i>general compliance assistance</i> in accordance with the policy on the role of the EPA inspector in providing compliance assistance during inspections?*	<b>No</b>
Did you provide <i>site-specific compliance assistance</i> in accordance with the policy on the role of the EPA inspector in providing compliance assistance during inspections?*	<b>No</b>

Government Contacts:* (Inspector)	<b>David Turin</b>
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Federal Facility Activity?*	Choose an item or leave blank if N/A
Federal Facility Activity Comment:	Enter text

Comments:	<b>See inspection report</b>
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